2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90035 009 ****50.00

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04212006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000110209

1. Entity Name
LEIGHT FENCING LLC

Principal Place of Business	Mailing Address
428 PENSACOLA DR. LANTANA, FL 33462	428 PENSACOLA DR. LANTANA, FL 33462

2. Principal Place of Business	3. Mailing Address
	482 Pensacola Dr
Suite, Apt. #, etc.: 428 Pensacola Dr	Suite, Apt. #, etc.
City & State: LANTANA FL.	City & State: LANTANA Fl.
Zip: 33462 / Country: Palm Beach	Zip: 33462 / Country: Palm Beach

4. FEI Number: 20-4658404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHT, TIM 428 PENSACOLA DR LANTANA, FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER AND WORKER Tim Leight 428 Pensacola Dr LANTANA FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 04/21/06 5612510443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #